

Hilton Head 2022 Workshop REGISTRATION FORM

Institution: Government Government/Lab Industry Self-Employed University

Gender: Female Male Genderqueer/Non-Binary I Prefer Not to Disclose

First Time Attendee: Yes No

First/Given Name: _____ Last/Family Name: _____

Preferred First Name on Name Tag: _____ Degree: _____

Position: _____

Organization: _____

Department: _____ Division: _____

Street: _____

City: _____ Zip/Postal Code: _____

State: _____ Country: _____

Phone No.: _____ Mobile No.: _____

Email: _____

Classification: Conference Presenter Participant Paper No. _____

Please note that at least one author has to register for each paper in order to publish it in the conference proceedings and the final program. For this reason, please insert your paper number.

Include name and organization on Participant List for all attendees and commercial supporters/exhibitors? Yes No

Include email on Participant List for all attendees and commercial supporters/exhibitors? Yes No

Include name and email on Mailing List for future Hilton Head Workshops and TRF sponsored meetings? Yes No

Privacy Notice

For full information about our data protection practices, please follow the link to our Privacy Policy.
https://www.hh2024.org/home/HiltonHead2024_PrivacyPolicy.pdf

I consent
I do not consent

If you require special arrangements, please indicate your request below:

Dietary: _____ Physical: _____

REGISTRATION FEES

FULL CONFERENCE FEES

	Early Bird On or Before 28 March 2024	Advanced 29 March to 2 May 2024	Standard After 2 May 2024	
<input type="checkbox"/> Participant	\$975	\$1075	\$1175	\$ _____
<input type="checkbox"/> Commercial Representative ¹	\$2500	\$2500	\$3500	\$ _____
<input type="checkbox"/> Complimentary with Code: _____				\$ 0.00

DAILY REGISTRATION FEE

<input type="checkbox"/> Participant	\$350	\$ _____
<input type="checkbox"/> Commercial Representative	\$3500	\$ _____

¹Marketing and Sales Representatives from companies not commercially supporting the Hilton Head 2024 Workshop equal to an exhibitor or sponsorship support level.

Registration payment, in US Dollars only, is due within 10 days of receipt of your registration. Registration is not valid or complete until payment is received unless other arrangements are made. The Registration Fee includes program material, (1) Electronic Proceedings, welcome reception, continental breakfasts, refreshment breaks, luncheons, banquet and a 20% non-refundable cancellation fee. All requests for cancellations are to be made in writing and are subject to a 20% cancellation fee. No refunds will be processed for cancellations made after 24 May 2024.

SUNDAY SHORT COURSE

A short course will be offered on Sunday, 2 June 2024, discussing examples of emerging miniaturized technologies to support human health and well-being.

- MEMS Know How**
 Time: 10:00 – 15:00 with break for lunch
 Cost for Workshop: \$100 \$ _____

- Small-scale Robots: From One to a Swarm**
 Time: 10:00 – 15:00 with break for lunch
 Cost for Workshop: \$100 \$ _____

- Beyond Technical Expertise: Dealing with Sources of Personal and Professional Stress**
 Time: 13:00 – 15:00
 Cost for Workshop: \$50 \$ _____

GUEST MEAL TICKETS (Valid for all breakfasts, lunches and social functions)

	<u>Discounted</u> <u>Before 2 May 2024</u>	<u>Onsite</u> <u>After 2 May 2024</u>		
<input type="checkbox"/> Adult Guest Meal Ticket	\$325/each	\$350/each	No. of tickets: _____	\$ _____
<input type="checkbox"/> Child (Ages 7 – 12) Guest Meal Ticket	\$125/each	\$150/each	No. of tickets: _____	\$ _____
<input type="checkbox"/> Child Ages 6 and under Guest Meal Ticket	FREE	FREE	No. of tickets: _____	\$ _____

Name of Guest(s) _____

GRAND TOTAL \$ _____

ATTENDEE REGISTRATION PAYMENT

Check/Money Order

Credit Card Payment (circle one): VISA MasterCard American Express

Card No.: _____

Exp. Date (MM/YY): _____ Verification Code (3 digit number on the signature line of your card): _____

Name of cardholder: _____

Cardholder signature: _____

Billing address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

GUEST MEAL TICKET PAYMENT

If you do not need to use a second form of payment, please disregard

Check/Money Order

Credit Card Payment (circle one): VISA MasterCard American Express

Card No.: _____

Exp. Date (MM/YY): _____ Verification Code (3 digit number on the signature line of your card): _____

Name of cardholder: _____

Cardholder signature: _____

Billing address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

If you prefer to pay by check or money order, complete and mail this form with your check or money order payable to:

Hilton Head 2024 Workshop

c/o PMMI
307 Laurel Street
San Diego CA 92101-1630
USA

Phone: 1-619-232-9499

Fax: 1-619-232-0799

Email: info@hh2024.org